

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
FED-MAIL CENTER

2016 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

MINNEAPOLITANS FOR BOB HELVAND

ADDRESS (number and street)

1030 FELT CT #139



Check if different than previously reported. (ACC)

UOPIKINS MN 55343

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00587907

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

MN 06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

04

01

2016

through

06

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert R Helland

Signature of Treasurer

*[Handwritten Signature]*

Date

07

15

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

*Minnesotans for Bob Holland*

Report Covering the Period: From:

M M D D Y Y Y Y  
0 4 0 1 2 0 1 6

To:

M M D D Y Y Y Y  
0 6 3 0 2 0 1 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	184500	464300
(b) Total Contribution Refunds (from Line 20(d)) .....	600	000
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	184500	464300
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	127822	399222
(b) Total Offsets to Operating Expenditures (from Line 14) .....	000	000
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	127822	399222
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	63078	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	000	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	127822	399222
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	000	000
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	000	000
(b) Of All Other Loans.....	000	000
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	000	000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	000	000
(b) Political Party Committees.....	000	000
(c) Other Political Committees (such as PACs).....	000	000
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	000	000
21. OTHER DISBURSEMENTS.....	000	000
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	127822	399222

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7400
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	184500
25. SUBTOTAL (add Line 23 and Line 24).....	191900
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	127822
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	63078

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 1 OF 1	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
*Minnesotans for Bob Holland*

A. Full Name (Last, First, Middle Initial)  
*Sean White*

Mailing Address  
*410 Richard Dr*

City *New Market* State *MN* Zip Code *55054*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Consultant* Occupation *IT Security*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*2000*

Date of Receipt  
*05 / 14 / 2016*

Amount of Each Receipt this Period  
*250.00*

B. Full Name (Last, First, Middle Initial)  
*Kelly Flesch*

Mailing Address  
*1030 Felt Ct #139*

City *Hopkins* State *MN* Zip Code *55343*

FEC ID number of contributing federal political committee. *C*

Name of Employer *RGA, Inc* Occupation *Underwriter*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*2008*

Date of Receipt  
*05 / 26 / 2016*

Amount of Each Receipt this Period  
*500.00*

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. *C*

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

*750.00*

*750.00*

2016-07-10 10:00:00 AM

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
------------------------------------	------------------------------------	-------------------------------------	------------------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Minnesota for Bob Heland*

Full Name (Last, First, Middle Initial)

A. *Justin Lewandowski*

Mailing Address

*608 N Benton Dr*

City

*Sauk Rapids*

State

*MN*

Zip Code

*56379*

Purpose of Disbursement

*Field Consultant*

Candidate Name

*0.01*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

*05 / 12 / 2016*

Amount of Each Disbursement this Period

*300.00*

B. *Lowertown Printing*

Mailing Address

*125 9th St E*

City

*Sr. Paul*

State

*MN*

Zip Code

*55101*

Purpose of Disbursement

*T-shirts*

Candidate Name

*0.06*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

*05 / 16 / 2016*

Amount of Each Disbursement this Period

*390.40*

C. *MN Office of Secretary of State*

Mailing Address

*60 Empire Dr #100*

City

*Sr. Paul*

State

*MN*

Zip Code

*55103*

Purpose of Disbursement

*Filing Fee*

Candidate Name

*0.01*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

*05 / 20 / 2016*

Amount of Each Disbursement this Period

*300.00*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

*990.40*

*990.40*

2016-07-14 00:00:00



**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Minnesota for Bob Helland</i>	FEC IDENTIFICATION NUMBER <i>C00587907</i>
---	---

LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address <i>N/A</i>	Date Incurred or Established M M / D D / Y Y Y Y	
City State Zip Code	Date Due M M / D D / Y Y Y Y	

A. Has loan been restructured?  No  Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Amount of this Draw: \_\_\_\_\_ Total Outstanding Balance: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
 \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Date account established: M M / D D / Y Y Y Y

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y
---	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M M / D D / Y Y Y Y
Title	

2010-07-18 08:08:14

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
*Minnesotans for Bob Hall and*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
<i>N/A</i>	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) .....	▶	
2) TOTALS This Period (last page this line number only) .....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	▶	

2016-07-18 09:00:00

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>Minnesotans for Bob Holland</i>		Report Covering Period: From: <i>04 01 2016</i> To: <i>06 30 2016</i>				
Committee Name					(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A	<i>Minnesotans for Bob Holland</i>				<i>1,545.00</i>	<i>0.00</i>
B	Column Total Last Page Only.....				<i>1,545.00</i>	<i>0.00</i>
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<i>0.00</i>	<i>300.00</i>	<i>1,845.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
B	<i>0.00</i>	<i>300.00</i>	<i>1,845.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>1,845.00</i>	<i>1,278.22</i>	<i>0.00</i>
B	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>1,845.00</i>	<i>1,278.22</i>	<i>0.00</i>
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
B	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	<i>0.00</i>	<i>0.00</i>	<i>1,278.22</i>	<i>74.00</i>	<i>630.78</i>	<i>0.00</i>
B	<i>0.00</i>	<i>0.00</i>	<i>1,278.22</i>	<i>74.00</i>	<i>630.78</i>	<i>0.00</i>
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	<i>0.00</i>	<i>1,845.00</i>	<i>1,278.22</i>			
B	<i>0.00</i>	<i>1,845.00</i>	<i>1,278.22</i>			

20160603 10:01:00 AM



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked  
7/15/16

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

7/18/16  
 DATE PREPARED

20160718 10:01:00 AM